



Notice of Intent to Solicit Proposals

The City of Fort Lauderdale is preparing a Request for Proposals for the following:

A consultant to provide a comprehensive set of services related to the oversight and quality control of the Third Party Administration plan of the City's self-funded, Employee Health Plan, to include the claims administration processes, provider contract negotiation and other services that may be deemed appropriate.

Objectives, for the consultant will be as follows:

- Actively monitor the TPA's progress with regard to planned technology and process improvements;
- Actively monitor ongoing utilization and program expenditures and recommend case management and other immediate interventions as warranted;
- Help Risk Management assure that the City's benefit structure is being rigorously enforced, and
- Lower hospital input prices throughout Broward County by negotiating direct agreements



If your firm is interested in receiving the RFP once prepared and released, please provide the requested information, and return via FAX to the Procurement and Materials Management Division, at 954-828-5576, or e-mail the requested information to purchase@ci.fort-lauderdale.fl.us

RFP Number: 322-8680

RFP Title: Consultant to provide Professional Services related to the claims administration process of the City's Third Party Administrator

_____ Not interested at this time

_____ E-mail RFP to address indicated below when available

_____ U.S. Mail RFP to address indicated below when available

_____ notify of availability and we will download from the City's website (www.ci.fort-lauderdale.fl.us/purchasing) **MUST PROVIDE E-MAIL for NOTIFICATION**

If you would like the RFP sent to you be either e-mail or U.S. mail, check the appropriate response above and fax your request to 954-828-5576. It is incumbent upon each company to keep their vendor file current. If you cannot provide the above product/service, or need to update contact information, you may e-mail (purchase@ci.fort-lauderdale.fl.us) or fax any changes.

This form should be returned by March 10, 2002.

BELOW INFORMATION IS REQUIRED:

Company: _____

Address: _____

City/State/Zip: _____

Phone No.: _____

FAX No.: _____ / _____

e-mail: _____ @ _____